

## EMPLOYEE SAFETY AND SECURITY CONCERNS PROGRAM

Comments and questions regarding this plan should be directed to the contact person listed below:

Name: Shawn Nelson  
Industrial Safety Specialist  
Address: G40 TASF  
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Sign-off Record:

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Tom Wessels, Manager, ESH&A

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Dr. Bruce Harmon, Deputy Director

*Note: Original Sign-off Record with signatures is on file with ESH&A.*

## 1.0 REVISION/REVIEW LOG

Environment, Safety, Health & Assurance (ESH&A) will review this document once every three years at a minimum:

<u>Revision Number</u>	<u>Effective Date</u>	<u>Contact Person</u>	<u>Pages Affected</u>	<u>Description of Revision</u>
0	9/1/98	J. Withers	All	Initial Issue
1	11/1/01	S. Nelson	All	G:\Doc&Recs\DCP\Revisions-Descriptions\102_008rev1
2	10/1/02	S. Nelson	All	Addition of Integrated Safeguards & Security Management (ISSM) G:\Doc&Recs\DCP\Revisions-Descriptions\Plan 102_008rev2
3	10-15-05	S. Nelson	Various	G:\Doc&Recs\DCP\Revisions-Descriptions\102_008rev3
4	10-15-08	S. Nelson	Various	G:\Doc&Recs\DCP\Revisions-Descriptions\102_008rev4

## 2.0 PURPOSE AND SCOPE

Ames Laboratory seeks to promptly address employee concerns about environment, safety, health and security issues in the workplace. The Laboratory fosters a culture in which employees are encouraged to bring concerns to the attention of their immediate supervisor. Resolution of concerns should occur at the lowest management level possible. However, if the issue cannot be resolved at this level, the employee has the opportunity to precede within his/her management chain or to report the problem using an alternative mechanism described in this procedure.

This procedure applies to all Ames Laboratory employees, subcontractors and visitors.

## 3.0 RESPONSIBILITIES

- 3.1 LABORATORY DIRECTOR – The Laboratory Director is ultimately responsible for ensuring that employees are provided a safe and healthy work place; the Director creates a working environment that encourages employee reporting of unsafe work practices and conditions by supporting initiatives such as the Employee Safety and Security Concerns Program.

- 3.2 PROGRAM DIRECTORS / DEPARTMENT MANAGERS – Program Directors / Department Managers shall be aware of the Employee Safety and Security Concerns Program, encourage participation by Program / Department employees and act promptly on concerns and issues raised.
- 3.3 GROUP / SECTION LEADERS – Group / Section Leaders shall be aware of the Employee Safety and Security Concerns Program, encourage participation by group / administrative office employees and act promptly on concerns and issues raised.
- 3.4 SAFETY COORDINATORS / REPRESENTATIVES – Safety Coordinators / Representatives shall be aware of the Employee Safety and Security Concerns Program and act promptly on concerns and issues raised via interactions with the Program Director / Department Manager, Group / Section Leader, ESH&A and / or the employee.
- 3.5 EMPLOYEES – Ames Laboratory employees shall participate in the Laboratory's environment, safety and health program by performing work in accordance with established practices and procedures; employees shall interact with supervisory personnel, Safety Coordinators / Representatives and ESH&A personnel on concerns and issues that relate to the Laboratory's environment, safety and health program.
- 3.6 ENVIRONMENT, SAFETY, HEALTH and ASSURANCE – ESH&A shall communicate the principles of the Employee Safety and Security Concerns Program to all employees as well as record, track and trend safety and security concerns. ESH&A will also evaluate all concerns for possible event categorization and event reporting.

## **4.0 PROGRAM ELEMENTS**

### **4.1 EMPLOYEE TRAINING**

All employees receive an introduction to the Employee Safety and Security Concerns Program during General Employee Training (GET). During this training it is explained that all employees are encouraged to report any concerns they have related to workplace health, safety or protection of the environment and security. Mechanisms that may be used by employees to report concerns are explained.

### **4.2 PROGRAM ANNOUNCEMENTS**

Attachment A is a copy of the bulletin board announcement describing the Employee Safety and Security Concerns Program that is posted throughout Ames Laboratory. This announcement is also included as a handout in the packet of information received by all employees during GET.

#### 4.3 CONCERN INVESTIGATION PROCEDURE

ESH&A shall document employee concerns utilizing the Incident and Concern Reporting Form #10200.088 (Appendix C). An ESH&A Specialist (Point-Of-Contact) is appointed to evaluate and address each concern. Any supporting documentation will be attached to the form for future reference. Employees upon request may also fill out these forms. Instructions for filling out the forms are as follows:

Date:	Date of occurrence/concern.
Time:	Time of concern or when report is filed.
Name:	Name of person who identified the concern.
Bldg./Room:	Fill in building and room where concern is located.
Phone:	Fill in your phone number.
ESH&A Point-of-Contact:	Name of ESH&A person who received information or was assigned to follow up on issue.
Nature of Incident/Concern	Briefly describe the nature of the concern including time of discovery, any actions taken upon learning of the concerns and previous reporting.  <i>(Form forwarded to Safety Specialist for processing / classification).</i>
Root Causal Determination:	Upon completion of the investigation of concerns, a root causal determination may be completed (graded approach) depending on significance and complexity of concern. Some concerns may be easily understood, while others may require considerable in-depth analysis.
Comments:	Additional comments pertinent to the concern can be added.
Area of Concern:	The concern will be classified in one of the major topical areas listed.
Number: XX - XXX	Each concern will be given a unique number that will correspond to the year and be assigned sequentially (i.e., 05-001, 05-002, etc.)
Acknowledge date:	Number of days from point of notification to ESH&A notification of the affected party.
Address date:	Number of days from point of notification to concern being formally addressed by ESH&A or other Laboratory entity.
NOTE:	Each Concern is forwarded to ESH&A Manager for review / comment after initial processing.

#### 5.0 POST PERFORMANCE ACTIVITY

Employee Safety and Security Concerns are tracked in the Ames Laboratory Corrective Action Tracking System. Annually a trend analysis is performed to determine any patterns of concern.

## **6.0 ATTACHMENTS**

- Attachment A – Form: Bulletin Board Announcement / GET Handout
- Attachment B – Form: Incident & Concern Reporting Form #10200.088
- Attachment C – Flow Diagram – Investigation & Recordkeeping Process Form 10200.128



AMES LABORATORY  
United States Department of Energy  
Creating Materials and Energy Solutions

***DO YOU HAVE A CONCERN REGARDING  
WORKPLACE ENVIRONMENT, SAFETY & HEALTH  
PROTECTION OR SITE SECURITY?***

*Do you have suggestions that could improve the Laboratory's  
Environment Safety and Health program?*

*Are you concerned about a site security practice or condition?*

***WE'D LIKE TO HEAR FROM YOU!!***

Ames Laboratory requires employee participation in environment, safety, health and security programs. Responsible reporting of unsafe work conditions and other concerns by employees is a vital part of Ames Laboratory management providing a safe place to work. Report your concerns by doing any of the following:

- Contact your supervisor.
- Contact the ESH&A office (G40 TASF, 294-2153) and speak to any ESH&A Specialist. Confidentiality will be maintained upon request.
- Contact ESH&A by email at [safety@ameslab.gov](mailto:safety@ameslab.gov) or [security@ameslab.gov](mailto:security@ameslab.gov)

**EMPLOYEE SAFETY & SECURITY  
CONCERNS PROGRAM**

## INCIDENT & CONCERN REPORTING FORM

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

☐ Per employee notification to ESH&A (Attach any documentation).

☐ Per Occupational Medicine Report (Attach documentation).

**Name:** \_\_\_\_\_ **Bldg./Room:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**ESH&A Point-of-Contact:** \_\_\_\_\_

**Nature of Incident / Concern** *(Include a discussion of investigation and resolution of event):*

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*(Forward to Industrial Safety Specialist at G40 TASf)*

Root Causal Determination (as necessary):

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Comments:

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Area of Concern: ☐ Electrical Safety    ☐ Fire Safety    ☐ Egress Path    ☐ Industrial Hygiene  
☐ Health Physics    ☐ Cylinders/gas    ☐ Industrial Safety    ☐ Waste Management  
☐ Emissions & P2    ☐ Hoisting/rigging    ☐ Property Management    ☐ Housekeeping/Sanitation  
☐ Security    ☐ Other: \_\_\_\_\_

**Number:** \_\_\_\_ - \_\_\_\_ (e.g., 01- 001, 01-002, 01-003, etc.)

**Acknowledge date:** \_\_\_\_\_ (# days \_\_\_\_)

**Address Date:** \_\_\_\_\_ (# days \_\_\_\_)

*(Forward to Employee Concerns ESH&A Manager, Enter into CA5 Database and File)*

# Attachment C – Flow Diagram – Investigation & Recordkeeping Process Form 10200.128 - Rev 2

